



Docket No. (Optional)  
03042/100G691-US2

In re Application of                      James D. Marks

Application Number  
09/603,601

Filed	June 26, 2000
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For: METHOD AND APPARATUS FOR OPERATING AND FUNDING A QUESTION AND ANSWER INTERACTIVE SYSTEM

Art Unit	2175	Examiner	S. G. Rimell
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |                                     |                                  |    |        |
|-------------------------------------|----------------------------------|----|--------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1))    | \$ | 110.00 |
| <input type="checkbox"/>            | Two months (37 CFR 1.17(a)(2))   | \$ |        |
| <input type="checkbox"/>            | Three months (37 CFR 1.17(a)(3)) | \$ |        |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$ |        |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))  | \$ |        |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☐ attorney or agent of record. Registration Number \_\_\_\_\_  
☒ attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a) 43,480

April 27, 2004  
Date  
(212) 527-7700  
Telephone Number

34(a) 43,480

*Cheryl Bab*  
Signature

Cheryl Milone Bab  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

X	Total of	1	forms are submitted.
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Dated: \_\_\_\_\_